

Inside OUT

The Newsletter of the CDC/HRSA Corrections Demonstration Projects

Produced six times a year through the collaboration of Correctional Technical Assistance and Training Project of SEATEC and the National Minority AIDS Council

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December 2000

South Shore AIDS Project

Sonney Mansfield (l), Betsey Sands (c), and Edith White (r)

South Shore AIDS Project's dynamic case manager duo, Sonney Mansfield and Betsey Sands with their fearless leader, Executive Director Edith White.

See page 8.

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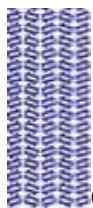
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In this issue...

Tracking Technical Assistance.....	2
NMAC News.....	2
Evaluation and Program Support Center: Emory University and Abt Associates.....	3
State Report: Florida.....	4
Professional Corner: John Miles.....	6
Technical Assistance Update from CTAT.....	7
CBO Spotlight: South Shore AIDS Project.....	8
Required Reading.....	9

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Technical



Assistance...

On November 17, 2000, at the SPAN offices in Boston, Massachusetts, CTAT's Marjorie Dunne facilitated a four-hour information-packed technical assistance training. The training was held during the quarterly Transitional Intervention Program (TIP) case manager meeting. With the help of Apryl Mark from the Massachusetts Department of Health, the day ran effortlessly.

The meeting began with a welcome by TIP's interim Project Director, Tom Barker. After administrative items were addressed, Marjorie launched the training agenda. Marjorie planned the training based on feedback from a needs assessment distributed at a previous TIP meeting. A variety of speakers kept the day moving, with a break for a catered lunch to keep presenters and attendees at their best.

Phil Kassel, an attorney from Massachusetts Correctional Legal Services, presented on a series of topics specific to the criminal justice system. Items discussed included CORI laws, confidentiality, the effects of 'labeling' inmates and the effects of segregation. Ellen Bentz, Program Manager for HIV and Corrections at the National Minority AIDS Council, presented on resources for HIV education in corrections. SPAN's Executive Director, Lyn Levy, opened the floor to participants for a general question and answer period. The question and answer session sparked great exchange around case-management specific issues with an opportunity for those newer to the field to learn from the more seasoned correctional case managers. The conversation included items such as:

- Whether TIP notifies the parole officer when a client violates parole
- What to do when a client scraps the discharge plan
- How to hold a substance abuse inpatient bed while waiting for a client to be paroled
- How to access benefits for clients who possess dual or triple diagnoses

with topics yet to be discussed. With promises of follow-up materials from the presenters, the attendees departed, heading back to the challenging tasks of case management for Massachusetts's HIV+ inmates.

*-Ellen Bentz
National Minority AIDS Council*

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November 28, 2000 marked the first conference call among CBOs within the CDC/HRSA Corrections Demonstration Project. The call was hosted by Ellen Bentz, Program Manager for HIV and Corrections at the National Minority AIDS Council. Representatives from CBOs in six of the seven states participated.

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The main objective of the call was to create a forum for the CBOs to connect with one another and exchange information. The first call was extremely successful; each CBO was able to discuss their organization and what services they provide. Further, a whirlwind of information and ideas were transferred by the participants.

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Topics discussed focused on case management issues such as:

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- ❖ Time consuming process of correctional facility orientation
- ❖ Accessing services for high-risk negative individuals
- ❖ Working with incarcerated juveniles

Minutes from the call will be distributed to all grantees. At the callers suggestions, an updated list of CBO contact information, including e-mail addresses, is being compiled.

Special Thanks to NMAC Staff
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Newsletter Production and Editing

Emory University and Abt Associates

WELCOME

By: Marjorie Dunne, SEATEC

SAMIRA VOSSOUGH to Rollins School of Public Health of Emory University and to the EPSC. Samira received her MPH from the Department of Behavioral Sciences and Health Education at the Rollins SPH in May 2000.

SITE VISITS & TRAININGS

The EPSC completed the second round of site visits this fall and conducted evaluation trainings for community-based organizations (CBOs), correctional facilities and public health department staff in each state. These trainings provided a forum for the EPSC to present information on the purpose and scope of the evaluation, and for a detailed review of each evaluation instrument to be completed by the case managers. Training participants were enthusiastic – if sometimes a bit overwhelmed—and provided important insight into the logistics of program implementation and data collection.

DATA COLLECTION

Grantees reported the second quarter of aggregate data to the EPSC on October 31st and most will begin client-level data collection on the discharge planning/case management program component in December 2000 or January 2001. The client-level evaluation will allow grantees to assess the effectiveness of the jail and prison case management programs in connecting clients to post-release medical, mental health and substance abuse treatment, housing, benefits and employment, as well as tracking trends in recidivism. The EPSC is building the cross-site evaluation database and will soon be able to report back local and cross-site data on the numbers and characteristics of clients served in these programs. The cross-site database will eventually be used to compare the different grantee approaches to discharge planning and community follow-up.

NEXT STEPS

Now that the quantitative evaluation is (almost) up and running, the EPSC is turning its attention to program elements that are better suited to qualitative analysis, and this side of the evaluation will be a major focus of the January grantee meeting. The funding agencies, CDC and HRSA, are especially interested in documenting the program development and implementation process that each state has gone through since the application process began. This includes the process of building relationships between the departments of public health and corrections, bringing CBOs into jails, prisons and juvenile facilities, and creating support systems for HIV-infected and high-risk inmates and ex-offenders. Focus groups and in-depth interviews with program participants will also serve to enrich our understanding of what this population needs and how clients are responding to the programs.

DISSEMINATION

This fall EPSC staff made presentations on the corrections demonstration project cross-site evaluation at the:

- National Commission on Correctional Healthcare Pre-Conference, *September, 2000*
- US Conference on AIDS in Atlanta, *October 2000*
- American Public Health Association Conference in Boston, *November 2000*



State Report: Florida

Interview: Priscilla Wood, Special Projects Coordinator, Florida Department of Health, Bureau of HIV/AIDS

The CDC/HRSA Project in Florida is organized and well on its way to meeting its goals. The Florida Demonstration Project is aptly named LINC: Linking Inmates Needing Care. LINC has been implemented in one jail (Jacksonville/Duval County) and in a large prison (Central Florida Reception Center) which provides LINC services to five smaller, satellite prisons (Lake Correctional Institution (CI), Lowell CI (HIV-positive women), Hernando CI (includes juveniles) Tomoka CI and Zephyrhills CI).

Both programs provide screening for HIV, TB, STDs and hepatitis; case management; primary and secondary HIV education; pre-release planning with the inmate; and follow up to ensure that the releasee is getting the service needed in the community.

The LINC project hopes to:

- ❖ Increase the number and percentage of high risk persons in jail and correctional facilities who know their HIV, STD, TB and hepatitis status
- ❖ Increase the number of HIV-positive persons in jail or prison who have access to therapeutic medications to treat HIV disease and continue to access those same medications after release
- ❖ Increase in-jail and in-prison participation by HIV-positive inmates in drug treatment and mental health treatment
- ❖ Increase the number of formerly incarcerated HIV-positive persons who are enrolled in and continue to access care in their local communities on a consistent basis
- ❖ Increase the number of formerly incarcerated persons who have stable housing and participate in community drug treatment, mental health treatment, job skills training and community living skills training
- ❖ Increase the number of formerly incarcerated HIV-positive persons who stay in the community without re-arrest for twelve months or more after release

The Jacksonville initiative's success stems from their early organization and their work that started even before the project was funded. The agencies involved meet every month to update each other and discuss best practices. The jail is almost at their cap enrollment of 250 and utilizes multiple contracted services organizations to provide services including:

- ❖ Lutheran Social Services: case management and housing
- ❖ River Region Human Services: mental health and substance abuse Treatment
- ❖ Sulzbacher Homeless Shelter: transitional housing

The Aids Clinical Research Unit (ACRU)/University of Miami, not funded by HRSA/CDC correction demonstration dollars, is a resource for LINC participants who need treatment; also staffs the training of physicians working in the six facilities mentioned above.



State Report: Florida

Challenges for both facets of the LINC program are unique but both struggle with similar issues.

Building Collaborations

The Department of Health (DOH) and the Department of Corrections (DOC) continue to develop and strengthen their relationship. The DOH is funding three other prison projects in Florida, and it is expected that more will be funded in the future.

Transitional Housing

The provision of transitional housing in the Jacksonville jail project for inmates with substance abuse and mental health issues has been particularly challenging. The project collaborators continue to tweak this part of the project to better suits participants. Providing an adequate structure and supervision to clients is a prominent issue. Several LINC project participants in transitional housing have returned to their former substance abuse habits. Issues related to medication adherence have also been part of the challenge for these participants.

Community Adjustment

The DOC is following up on and dealing with participants who are having difficulty adjusting to being civilians in a free environment, particularly those men and women who have been incarcerated more than eight years. These ex-offenders have to re-learn basic living skills in an unstructured, unsupervised world. This is addressed prior to release and all ex-offenders in LINC are followed for at least six months. That being said, the follow up component is complicated and challenging because released inmates may return to areas some distance away or may "disappear" and be unable to track.

According to Priscilla Wood, Special Project Coordinator in the Early Intervention section of the Florida Bureau of HIV/AIDS, there are three major issues throughout the Florida project that might be common in all seven corrections demonstration projects:

- ❖ How do you provide appropriate transitional housing and structure for ex-offenders with histories of substance abuse and/or mental health problems?
- ❖ How do you ensure that released prison and jail LINC participants are followed up despite geographical scattering?
- ❖ How do you increase the availability and accessibility of programs, both inpatient and outpatient, to participants with substance abuse and mental health diagnoses?

There are several activities in place to make the project more cohesive:

- ❖ An updated resource directory will be put on the DOH website so that case managers have up-to-date information for referral and follow up.
- ❖ A network of case management agencies who are particularly interested in serving this population is in the process of forming; this network will meet once a year and will have quarterly conference calls to share best practices and to problem solve.
- ❖ DOH has recently formed the Corrections Infections Workgroup, made up of those working specifically on prison issues in the areas of HIV, STD, TB and hepatitis. DOC representatives, a HOPWA manager, and a surveillance coordinator also participate. This group is currently developing a newsletter for prisons and jails. The group is in the process of surveying all the jails in Florida's 67 counties, to determine if they have any HIV programs in place or are interested in developing HIV programs.

Ms. Wood believes that, because of the tight linkages established and technical support provided at the federal level between patient care (HRSA) and prevention (CDC), Florida's LINC project has been implemented as

Professional Corner

Snapshot of: **John Miles**

Q: Who has two cats, played the clarinet in the high school band, and is looking for a pianist to teach him how to play the blues

A: John Miles

The journey from Vivian, Louisiana, to the CDC in Atlanta has been a long and convoluted one for John Miles. After spending the first twelve years of his life in Louisiana, John moved with his family to “the wilds of Kansas”, the state he still considers his home. As a teenager, John worked as a soda jerk at the town drugstore, “getting to know just about everyone in seven countries.” The time he spent as a pharmacist’s assistant at the same drugstore probably accounts for his initial interest in a pre-med curriculum at the University of Kansas in Lawrence. Ultimately, John majored in zoology and minored in chemistry. His worst college memory? “Sixteen hours of German.” His best? “Meeting my wife, Wilma.”

A brief and unhappy stint at a financial institution in Wichita (“not my cup of tea,” says John) led him back to his college campus for an interview with the CDC. Based, according to John, on his “experience playing with bunny rabbits in the lab,” the CDC offered him a job as a field investigator in syphilis transmission and prevention. He moved to Chicago in 1967 and began working at the famous Red Schoolhouse, 26 State Street – the largest STD clinic in the world. When asked what he learned as a field investigator in that job, John replied: “I learned to be persistent, client-centered, open and genuine. In short, I learned to be a human being.”

The excellence of his work in Chicago earned John a promotion and a transfer with the CDC to Toledo, Ohio, where he was responsible for leading an effort to end a twenty-seven county syphilis epidemic. By mobilizing labs, clinics, and a physician visitation program, John and his team were able to bring the epidemic to a close after only nine months.

In his three years in Ohio, a time John reflects on with obvious nostalgia, he became involved in a number of interesting activities. As part of what John refers to as “the rubber chicken circuit,” he spent Friday mornings showing films to high school students. Other days were spent knocking on doors in high impact neighborhoods and visiting homes for unwed mothers. To this day, John remains committed to the idea of good surveillance, outreach education, follow up and learning to work with the community.

A pressing need for a gonorrhea screening program in Chicago brought John briefly back to the Windy City, but a call he still remembers on Valentine’s Day of that year led him to Gary, Indiana, and yet a new challenge with the CDC. Working out of a condemned 1929 WPA building with only a handful of staff (many of whom are now CDC associates), John wrote (“and typed”) a grant proposal for the first STD program in the state of Indiana. By the time he left Indiana, the program had grown to a staff of over 120, and included federal, state and local employees.

John’s work in Indiana was rewarded with another promotion from the CDC. He was appointed Program Coordinator, STD Department, New York City Health Department. Not only was John the first CDC appointee for the NYC Health Department, but he was also the first lay director of a major infectious disease program for the city. Undaunted by the challenge of establishing the first AIDS office in NYC, John set up a surveillance staff, a gay/lesbian office, an epidemiology department, and a health education program. Says John of his NYC experience: “This was the greatest journey of all.” His memories of thirteen years with that program are bittersweet. There were many success stories, including the implementation of a then-new gonorrhea treatment program, but there were also many significant losses. More than forty of the people John worked with in NYC died of AIDS. For him, the book ...cont. on page 6

Professional Corner

...cont. from page 6

And the Band Played On is particularly poignant and personal.

With his vast experience and nationally recognized expertise, John was a natural to have been chosen to come to the National Center for HIV, STD, and TB Prevention at the CDC in Atlanta ten years ago. Today, he serves as a Special Assistant for Corrections and Substance Abuse and acts as the liaison for HIV/AIDS to Substance Abuse and Corrections. John sees Corrections as a "unique public opportunity to reach individuals who have not been served. Correctional facilities are excellent sentinel sites. They give us a good sense of what is happening in healthcare, not just for inmates, but for families." Of the Corrections Demonstration Project, John says, "It gives us a chance to learn as much about barriers and challenges as it does about what works. It is at the cutting edge of public health."

What is John's biggest frustration with current policy on HIV and Corrections? "The lack of resources, the lack of recognition of issues. Nobody cares. These people have no voice. They say: 'Be tough on drugs. Be tough on thugs.'" But almost everyone gets to come home." What is his hope for the future? "The solution comes from communities, from families."

And for John Miles, after 33 _ years with the CDC, what has been the most rewarding aspect of his long and distinguished career? "Watching what I do turn into national policy."

- Marjorie Dunn
SEATEC

to be a major TA piece, as well as sharing our corrections/HIV curriculum and corrections-focused best-practice standards and guidelines for HIV and other STDs.

Trainings

CTAT recently facilitated trainings in Florida New York, Massachusetts, New Jersey and Illinois. An Occupational Exposure training is tentatively planned for Georgia corrections staff/personnel in January 2001. Tentative plans are also underway to train California corrections staff/personnel during the first quarter of 2001. There has been a slow start-up in implementing training in the latter two states in part due to hiring staff.

A successful training on Understanding the Corrections Culture recently took place in Illinois on October 10, 2000. The AIDS Foundation of Chicago invited over 150 persons to this training. Attendees were primarily case managers, with a small number of mental health providers and social workers, as well. In addition to the AIDS Foundation of Chicago, other collaborators included the Illinois Project, National Minority AIDS Council (NMAC), the Midwest AIDS Training and Education Center (MATEC), and the Center for Mental Health Services (CMHS) arm of MATEC. The training topics were:

- Setting the Corrections Mood
- General Issues of Corrections Culture
- The Top Four Mental Health Diagnose in the Correctional Population
- How and When Inmates Leave a Facility
- Corrections Resources
- Case Study

Technical Assistance Update from CTAT

(Correctional Technical Assistance and Training) Project

Technical Assistance

CTAT staff continues to provide technical assistance to the seven states with the assessment of project staff needs and identifying and facilitating collaborations with key leadership and contact personnel from public health, corrections, CBOs and local communities. Helping to link CBOs and other service provider networks with public health and corrections continues

A t A training needs assessment, pre and post-training surveys, and evaluation measures were implemented in the recent Illinois training, and a standard tools used in all CTAT training. Evaluation measures include a comfort survey (pre-training), a satisfaction survey, and a skills/attitude/knowledge survey (post-training). Following implementation of trainings, CTAT provides each state with a comprehensive training and technical assistance summary report of the items



South Shore AIDS Project Plymouth, MA

The appearance of the South Shore AIDS Project in Plymouth, Massachusetts, is deceptive. Inside the small office, is housed a program of gigantic proportions. The South Shore TIP (Transitional Intervention Project) team, one of the seven teams in Massachusetts, has accepted the daunting task of discharge planning for inmates with HIV/AIDS and turned the process into a rare art form. The team of Betsey Sands, Arthur (Sonney) Mansfield, and Executive Director Edith White, embodies the principles of empathy, tough love, street smarts and hard work.

On a recent blustery day, the South Shore TIP was in action at the Bristol County Sheriff's Office of Corrections. The day started with a downer. One of the clients that Betsey and Sonney were working with had scrapped the meticulous plan they had made for her and opted instead for a less desirable alternative when the jail doors opened that morning. Rather than meet this challenge with anger, the TIPsters felt only sadness that the client would be unable to get the services that would help her stay clean, healthy and safe outside. Undaunted, they met with the next client of the day, one who had burned many probation bridges in her previous attempts to stay straight on the outside.

Accompanied by Mary Kennedy, the jail's HIV coordinator and social service jack-of-all-trades, the team met to plan this client's plea for probation. They put out the call for supports to assist at the upcoming probation hearing: the prison chaplain, the court appointed attorney,

the folks from the jail programs who could testify that the client was ready for change and could succeed on the outside with the supportive services of the TIP team. When the plan was reviewed with the client, she could not hold back her tears. "I want a new life" she said, placing her faith in the team's ability to assist her with this goal.

Sonney and Betsey modestly deny credit for their work with inmates and ex-offenders. They liberally pass on their kudos to Edith White, who has written to countless corporations asking for donations of food, clothing, vouchers and toiletries to help clients in the critical early stages of release. To date, her letters have inspired donations such as supplies from Gillette and certificates from T.J. Maxx and Taco Bell. The TIPsters also say that the assistance of Mary Kennedy and her team (Natacha Salemme, Kimberly Edson-Melo, Melissa Robitaille) is crucial to forming comprehensive discharge plans with the clients.

There is definitely magic in the South Shore TIP Team. When Sonney and Betsey get down to work, things happen. Their compassion and earnest desire for each client to have a new chance resonates with every client contact. As Sonney told the client: "You just worry about one day at a time. We'll be here loving you." And you know they will.

*- Ellen Bentz
National Minority AIDS Council*

For more information about the
South Shore AIDS Project
or the **TIP Team**, contact:

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Tel: (508) 747-2211

SAVE THE DATE

January 17-19, 2001

CDC/HRSA Grantee Meeting*

San Francisco, CA

**On January 17th, there will be an optional tour Of San Francisco's Tenderlion District to visit CBOs involved in the post-release dimension of San Francisco jail intervention.*

January 22-24, 2001

American Correctional Association

Winter Conference

Nashville, TN

For more information: (800) 222-5646

www.corrections.com/aca/conferences.html

March 15-18, 2001

American Correction Health Services

Multidisciplinary Training Conference

Atlanta, GA

For more info: (877) 918/1842

www.corrections.com/achsa/conferences.html

REMINDER

25th Annual NCCHC Conference

November 2001

Abstract DEADLINE – February 28, 2001

Go to www.ncchc.org for more information.



RESOURCES



Featured Resource

This month's featured resource: And So I Began to Listen to Their Stories...Working With Women in the Criminal Justice System by Susan Galbraith, 1998.

This small book, published by The National GAINS Center for People with Co-Occurring Disorders in the Justice System, holds a wealth of women's stories. For case managers, for medical providers, for inmates, this book tells the true stories of women behind bars and their roads to and from the correctional system. As the author states "this is a book about women in the criminal justice system, their children, what hurt, what helped and where we go from here...It is a look into the lives and experiences of 20 individuals who have a vast amount of experience and information to share with practitioners, policy makers, researchers, women and their families."

To obtain your free copy, contact:

The GAINS Center

800-311-GAIN

or visit their website at www.prainc.com/gains/



Required Reading...

NEWJACK: Guarding Sing Sing Ted Conover, PhD

One of the many pressing concerns of HIV treatment educators and case managers across the nation is obtaining access to correctional facilities in order to provide services to inmates. Once inside, we are often met with an unaccommodating and rigid wall of correctional officers, who seem to lack the desire to assist inmates, regardless of their health situation. Before reading Ted Conover's novel, Newjack: Guarding Sing Sing, I had difficulty in understanding correctional facility's resistance, in allowing inmates the opportunity to receive counseling, training and information relating to HIV/AIDS, from an outside provider. Why is it so difficult to enter the facility? Why don't they want us to help those inmates, who will one day be a part of our neighborhoods once again? Why is it such a battle to get just one HIV/AIDS program into the facility for the inmates, knowing that many inmates are infected with or affected by HIV/AIDS? Why do correctional officers make it so hard for us?

All of my questions were answered while reading Newjack: Guarding Sing Sing. This investigational journal portrays Ted Conover's experiences and lessons learned during the year he spent as a correctional officer at Sing Sing, a maximum security prison in New York. The training at the Academy for correctional officers was conducted in a very harsh, inflexible and restricted atmosphere. In his book, Conover states that as a correctional officer, one of your daily goals is "to get out of here in one piece". Correctional officers are taught in the beginning how to interact with inmates; "Never talk to them", "Do not engage them in any way", "Rehabilitation is not our job". Conover tells us that one day when they were firing their shotguns into the ground in front of a high bank of dirt to see how they worked, he faced the fact that his class was "essentially about killing and wounding inmates." The trainees in the Academy were told never to "confide in an inmate about your personal life" and "don't be tempted by bribery and other offers. The moment an inmate gets anything on you, he'll have power over you, and is certain, eventually, to sell you out." The correctional officers were told their training at the Academy "was about *us*, not about *them*" referencing *them* as the inmates. He and his fellow classmates were taught that "worrying about inmates' concerns was tantamount to pandering, that it almost demeaned an officer. Let *them* worry about how to communicate with *us* was the more common attitude." Conover's text provides us with a disturbing look at just how inmates are viewed by many correctional officers.

Inmates are not the only individuals who suffer immensely from poor treatment in jails and prisons: correctional officers also bear the grunt of unfortunate treatment, as we are shown in Conover's novel. Conover tells us of correctional officers who have been assaulted, injured or killed due to altercations with inmates. Further experiences include being sprayed with urine and feces, racial slurs and threats from inmates, adding to the less-than-friendly experience.

Newjack: Guarding Sing Sing, gives us an opportunity to understand the way in which Correctional Officers are trained to deal with and view inmates. Through Ted Conover's eyes, we see a glimpse of some of the encounters correctional officers are up against on a daily basis, which allows us the chance to walk a few steps in their shoes.

- Teresa Brown
National Minority AIDS Council